



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/30/2006

Business ID: 186850

William M. Gardner

Secretary of State

TECHNOTRADE INTERNATIONAL, INC.

7 PERIMETER RD

MANCHESTER , NH 03103

ADDRESS OF PRINCIPAL OFFICE:

7 PERIMETER RD

MANCHESTER , NH 03103

REGISTERED AGENT AND OFFICE:

MARC L. VAN DE WATER, ESQ.

633 SECOND ST

MANCHESTER , NH 03102

ENTITY TYPE: CORPORATION

BUSINESS ID: 186850

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020462466

IMPORT EXPORT & DISTRIB. OF TECHNICAL, ENVIRONMENTAL &  
EDUCATIONAL PRODUCTS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

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## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Albrecht Hunzarter  
STREET 7 Perimeter Road  
CITY/STATE/ZIP Manchester NH 03103

NAME Sahany Hogen  
STREET 7 Perimeter Road  
CITY/STATE/ZIP Manchester NH 03103

NAME Cheryl Hunzarter  
STREET 7 Perimeter Road  
CITY/STATE/ZIP Manchester NH 03103

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Albrecht Hunzarter  
STREET 7 Perimeter Road  
CITY/STATE/ZIP Manchester NH 03103

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

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